MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09717026

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2		1			1	
3		1			1	
4		1			1	
5		1			1	
6		1		8		1
7	1				1	
8		1				1
9		1				1
10		1				1
11	1				1	
12	1				1	
13	1				1	
14		2				2
15		2				2
16		2	1			2
17		2				2
18		2				2
19	1				1	
20		1				1
21		1				1
22		1				1
23		2				2
24	1				1	
25		1				1
26		1	1			1
27		1				1
28	1		3		1	
29	1				1	
30		6				6
31		6				6
32	1				1	
33	1				1	
34	1				1	
35	1				1	
36	1					
37		1				1
38		2				2
39		2				2
40		2				2
41		2				2
42	1				1	
43		1				1
44		2				2
45		2				2
46		2				2
47		2				2
48	1				1	
49		1				1
50		2				2
TOTAL IND.	17					
TOTAL DEP.	82					
TOTAL CLAIMS	99					

		*		*		*	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
51			2				2
52			2				2
53			2				2
54			1		64		1
55		1			6	1	1
56			1				1
57			6		7		6
58			1				1
59			1		5		1
60			1		2		1
61			1				1
62			5				5
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS